

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40065

BIRTH NO. _____		REG. DIST. NO. <u>37</u>	PRIMARY REG. DIST. NO. <u>3064</u>	Registrar's No. <u>3886</u>
1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson, 21,</u>		c. LENGTH OF STAY (In this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson, 21,</u> <u>4109</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6020 Blanton Place</u>		d. STREET ADDRESS (If rural, give location) <u>6020 Blanton Place</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>	b. (Middle) <u>Valentine</u>	c. (Last) <u>Schatz Platte</u>
4. DATE OF DEATH <u>Dec. 3rd, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31st, 1890</u>	9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Busch-Sulzer Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Valentine Schatz</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Louise Schwartz</u>		14. NAME OF HUSBAND OR WIFE <u>Stella J. Platte nee McBride</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-09-6758</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella J. Platte, 6020 Blanton Place</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Arterio-sclerotic vascular renal Dis</u> DUE TO (c) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u>  <u>6 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>5 Feb, 1951</u> , to <u>3 Dec, 1951</u> , that I last saw the deceased alive on <u>3 Dec, 1951</u> , and that death occurred at <u>10:25P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Eugene W. Hall, MD</u>		23b. ADDRESS <u>2530 Florissant Rd.</u>		23c. DATE SIGNED <u>4 Dec 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12-4-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Bonke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

W. 70907  
Ferguson, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Melvin

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.